



THEATRE AT THE MOUNT

AUDITION FORM

(Please print clearly)

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

MALE ____ FEMALE ____ AGE _____ HEIGHT _____ WEIGHT _____

Title of Show _____

Consider me for the part(s) of _____

If you are not cast in a principal role, will you accept a part in the chorus? YES ____ NO ____

VOICE PART for Musicals:

BASS ____ BARITONE ____ TENOR ____

ALTO ____ MEZZO ____ SOPRANO ____

**CHECK HERE if you would like to receive
AUDITION notices by email** _____

BRIEFLY LIST THEATRE EXPERIENCE:

REHEARSAL CONFLICTS/DIRECTOR'S NOTES

In case of emergency, please notify:

NAME _____

Relationship to you: _____

Enter best way to contact day or night:

Phone # _____

Email address _____

RISK AND RELEASE

In consideration of being permitted to participate in Theatre at the Mount productions, in full recognition and appreciation of the dangers and hazards inherent in such activities, I do hereby agree to assume all risks and responsibilities surrounding my participation in TAM productions. Further, I do for myself, my heirs and personal representatives hereby defend, hold harmless, indemnify, release and forever discharge Mount Wachusett Community College and all of its officers, agents and employees from and against any and all claims, demands, actions or causes of action, on account of damage to personal property, personal injury or death which may result from my participation, and which results from the causes beyond the control of, and without the fault or negligence of MWCC, its officers, agents or employees, during the period of my participation. I give Mount Wachusett Community College and Theatre at the Mount the right to utilize any photographs and videos taken of me for publicity purposes.

Signature _____ Date _____

Signature of parent or guardian for participant under age 18:

Witness _____ Date _____